Housing Development Work Group

August 22, 2006 2:00 - 4:00

Next meeting: September 26, 2006 12:00 – 4:00 pm NOTE: This meeting begins at 12:00 to allow extra time to discuss:

recommendations for the Futures Advisory Committee

• housing workshop at VAMH meeting on October 30

• implementation strategies for housing needs of mental health consumers

Location: Pavilion Building, 4th floor Conference Room, Montpelier

Present: Ken Libertoff, VAMH

Elaine Soto, HCHS

Claude Arsenault, WCMHS

JoAnn Troiano, Montpelier Housing Authority

Graham Parker, HCRS

Cathy Voyer, AHS-Housing & Transportation

Hillary Cole, CMC/Safe Haven

Linda Corey, VPS

Staff: Brian M. Smith, VDH/DMH

Judy Rosenstreich, VDH/DMH

Member Introductions and Announcements

Ken opened the meeting, noting the enormity of the task to improve access to affordable housing for mental health consumers. His comments included:

- the universal agreement on the need for housing
- his hopes that a dollar amount is assigned to the FY 08 budget
- plans for the VAMH annual meeting, specifically a workshop on housing

Judy gave an update on the Futures plan. Her comments included:

- important work of various groups with whom she is working (Crisis Beds, VSH Employees, Burlington Site Review)
- filing of Phase 1 CON
- Certificate of Approval for Williamstown residential recovery program
- public dialogue about Futures Plan and the need for people to speak out in support

Brian suggested inviting the Corporation for Supportive Housing (CSH) to participate in the housing workshop at the VAMH annual meeting. Brian stated that the program has a significant peer component and offered to facilitate contact with CSH to invite their participation on October 30, the date of the VAMH annual meeting. He prepared this summary for inclusion in the minutes:

The Corporation for Supportive Housing [http://csh.org/]

What we would be investigating:

The Corporation for Supportive Housing Initiative is a collaborative program designed to create affordable housing and support services for people affected by mental illness or chemical dependency who are facing homelessness. Supportive housing combines decent, safe, affordable apartments with individualized health, support, and employment services. It is a proven, effective means of reintegrating families and individuals with chronic health challenges into the community by addressing their basic needs for housing and ongoing support. Research has demonstrated that supportive housing significantly decreases its residents' usage of expensive inpatient and emergency room care.

Ken was in agreement with CSH presenting a workshop.

Materials Presented

- Survey of designated agencies
- Data from VSH regarding discharges
- Summary of "findings"

Developing Recommendations To Futures Advisory Committee

Case manager responses to housing questions were distributed in advance of the meeting. Jo commented on the degree of similarity among the designated agencies with respect to the two questions asked:

- 1. What is working with respect to getting housing for our clients, i.e., finding apartments paying for apartments, keeping their apartments, etc?
- 2. What, in your mind, are the unmet needs "within our community housing system?"

Jo shared the experience of the Montpelier Housing Authority following her review of vouchers that had been turned back unused. She stated that 8 out of the 10 vouchers were from single individuals with disabilities; 6 out of the 8 were clients of WCMHS; 1 individual did not need the voucher and 1 individual refused treatment.

Jo offered some of the reasons why clients could not get housing even with a voucher:

- Rent history
- Psychiatric history
- Criminal history
- Disruptive behavior
- Verbally abusive
- Uncooperative with case manager

Maybe some of these individuals needed a different type of housing:

- Supported
- Shared
- Transitional

Jo continued that housing authorities need money for staff, buildings, first and last months' rent. If housing authorities cannot do it, what organizations can? The Montpelier Housing Authority has 58 landlords.

Brian added the key is to have the right mix of options--subsidies, transitional, crisis beds--that allows people to get to where they want to, when they want to.

Graham, who sent out the survey, said that the surprise to him is that all of the designated agencies identified the same issues: the need for a variety of housing options and the need for group living to be included among the options.

Cathy gave her interpretation of the survey results, pointing out that it showed four priorities:

- Section 8
- Housing Contingency Fund
- Shelter + Care
- Relationships with landlords

She suggested the need for the group to address how we can accommodate pieces of this and in what manner.

Linda stated her concern for people who prefer an apartment on their own, who may like animals, essentially to live as they wish rather than to be bound by restrictions and obligations to maintain neatness, adhere to the landlord's expectations.

Public Comment: Availability and affordability is the problem. First month's rent and the security deposit are obstacles. The Housing Contingency Fund covers security deposits.

Elaine described the situation at the Howard Center (HCHS). She currently has \$6,000/month for <u>current</u> apartments; she cannot help any new people. Also, Howard has clients with co-occurring disorders, presenting obstacles in finding an apartment from the perspective of landlords.

The group compared the original \$300,000 budgeted for the Housing Contingency Fund in 1988 with a purchasing-power equivalent of \$600,000 today, factoring in inflation. The \$90,000 added to the FY 07 budget does not come close to the funding level of 1988. More is needed.

Follow Up and Related Tasks

Ken suggested that the group focus on identifying 4 to 6 areas of consensus and work toward solutions.

- What is the status right now?
- What is the level of need?
- What would be necessary for each area to make an impact?

Cathy presented a figure of \$1.5 million that would support 400 to 450 families with subsidies plus administrative costs, including the cost of managing the vouchers.

Jo pointed out that we are competing for resources with other groups, notably homeless families and the working poor.

Linda favored flexible supportive services that would encompass such necessities as disastrous cleanup.

Brian offered that if we had something like a housing contingency peer services pool, we would have to develop guidelines for allocation of the funds.

➤ <u>Public Comment:</u> In addition to obtaining input from all designated agencies, the group should survey the CRT population that has been at VSH.

Ken proposed that the group be queried by email to determine its priorities. Judy and Brian will help construct this. The goal is to develop a cohesive recommendation to present to the Futures Advisory Committee at its October 16th meeting.

Judy thanked the group for devoting their time and effort to this important component of the Futures Plan and expressed encouragement at the progress we are making based on information gathered, group learning, and thoughtful, focused discussion.

The meeting adjourned at 4:00 p.m.

SUBMITTED BY: Judy Rosenstreich

jrosen@vdh.state.vt.us